

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 20, 2007 08:00 AM**  
**Secretary of State**



**DOCUMENT # L04000002445**

1. Entity Name

ARTURO TRIANA FLOORING LLC

Principal Place of Business

13206 SOUTHWEST 87 TERRACE  
 MIAMI FL 33183  
 US

Mailing Address

13206 SOUTHWEST 87 TERRACE  
 MIAMI FL 33183  
 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

City & State

City & State

4. FEI Number

84-1637906

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRIANA, ARTURO  
 13206 S.W. 87 TERRACE  
 MIAMI FL 33183

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE: MGRM  Delete  
 NAME: TRIANA, ARTURO  
 STREET ADDRESS: 13206 S.W. 87 TERRACE  
 CITY-ST-ZIP: MIAMI FL 33183

TITLE: MGRM  Delete  
 NAME: SUAREZ, SONIA  
 STREET ADDRESS: 13206 S.W. 87 TERRACE  
 CITY-ST-ZIP: MIAMI FL 33183

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

10. ADDITIONS/CHANGES

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS: U00000674149  
 CITY-ST-ZIP: 03/29/07-80059-007 50.00

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #